Tuberculosis Patient Information Sheet: **Subsequent Report** 2001A-TB-003

Patient Last Name: _____ First: _____ DOB: _____
Updated Contact Information:
Address: _____ Phone: _____
This patient is currently under your care for TB: ☐ If not, complete on Section 1 below. If so, skip to Section 2(a).

Section 1
What was the date you last saw the patient? _____
Is the patient's TB currently being treated? ☐Yes ☐No ☐Unknown
If you are no longer the patient's physician, please provide the name and phone number of the patient's current physician, if known:
Name: _____ Phone: _____
Thank you for your assistance!

Section 2(a)
Check here if your patient routinely attends scheduled clinical appointments: ☐
Check here if your patient's progress has been monitored by serial chest x-rays: ☐
If so, latest CXR Date: _____ Finding: ☐Stable ☐Improving ☐Worsening
For TB confirmed by culture, check here if additional bacteriology has been collected: ☐
If so, complete "Latest Bacteriology" below:
Latest Bacteriology Collection Date: _____

Source:			Smear	If Positive, Quantity:	
☐Pleural Fluid	☐Urine	☐Spinal Fluid	☐Positive AFB	☐+/-	☐3+
☐Lung Tissue	☐Blood	☐Bronchial Washing	☐Negative	☐1+	☐4+
☐Lymph Node	☐Other: _____		☐Not Done	☐2+	☐Not Reported

Culture: ☐M.tb ☐Mycobacterium Other Than TB ☐ Negative ☐Other, specify: _____
If the latest bacteriology is negative on culture, date of collection of any previous negative culture: _____
Check here if anti-TB therapy has been completed: ☐ Date Completed: _____
If your patient is still on anti-TB therapy, please complete Section 2(b). If not, the form is complete. Thank you for your assistance!

Section 2(b)
Check here if your patient is currently taking anti-TB medications as prescribed: ☐ If not, read ** below.
Notes on Patient's Adherence to Treatment:

Current Therapy

	Dose/Frequency		Dose/Frequency		Dose/Frequency
☐Isoniazid	_____	☐Rifampin	_____	☐Rifabutin	_____
☐Pyrazinamide	_____	☐Ethambutol	_____	☐Streptomycin	_____
☐Other, specify:	_____				
	_____				

What date do you anticipate discontinuing anti-TB medications? _____ Thank you for your assistance!

** The Virginia Department of Health and the Centers for Disease Control & Prevention recommend directly observed therapy (DOT) as the **Standard of Care** for all patients with pulmonary TB. With DOT, the health department retains the TB medications and observes their ingestion on a daily or twice weekly basis until treatment is completed.

Completed by: _____ Date: _____